

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107019743 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.	IND.	DER.
1		/		/				51			
2	/	/		/				52			
3	/	/		/				53			
4	/	/		/				54			
5	/	/		/				55			
6	/	/		/				56			
7	/	/		/				57			
8	/	/		/				58			
9	/	/		/				59			
10	/	/		/				60			
11	/	/		/				61			
12	/	/		/				62			
13	/	/		/				63			
14	/	/		/				64			
15	2	/		/	2			65			
16	/	/		/				66			
17	/	/		/				67			
18		/		/				68			
19		/		/				69			
20								70			
21								71			
22								72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	3		3		3			TOTAL IND.			
TOTAL DER.	10		15		17			TOTAL DER.			
TOTAL CLAIMS	18		18		20			TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS